

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL	22					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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TOTAL IND.						
TOTAL DEP.						
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